WORK PERMIT

TEAMSTERS LOCAL UNION NO. 155
WORK PERMIT APPLICATION

DATE: _____ **NAME:** _____

ADDRESS: _____ **PHONE No:** _____

CITY: _____

PRODUCTION INFORMATION	
PRODUCTION COMPANY –	TITLE –
TEAMSTER AFFILIATION –	OTHER UNION AFFILIATION -

CATEGORY APPLYING FOR			
	Driver		Security
	Camera or Insert Car		Mechanic
	Caterer		Animal Trainer
	Animal Wrangler		Safety Diver
	Lighting Crane		Chapman or Apollo Crane
	Boat Operator		Other

CLASS OF DRIVER'S LICENSE (Minimum) CLASS 3 & 4 W/ AIR ENDORSEMENT			
	1-15		2-15
	3-15		4-15 (Unrestricted)
	Other		Province or State

OTHER LICENSES/CERTIFICATES/CAPABILITIES

I have authorized, designated and chosen said labour organization to negotiate, bargain collectively, present and discuss grievances with my Employer, as my representative and my sole and exclusive collective bargaining agency, and I do hereby confirm the same in all respects. I shall abide by the Constitution, Bylaws, decisions, rules, regulations and working conditions of Teamsters Local Union No. 155. I base my application for a work permit on the above facts, which I affirm to be true.

I hereby consent to the payroll companies collecting and disclosing my personal and payroll information, contact information and Social Insurance Number to Teamsters Local Union No. 155, and that Teamsters Local Union No. 155 may collect, use and retain this information for the purposes of administering the collective agreement.

I agree that the Employer shall deduct from my gross fee or gross pay, as applicable, the 2% working dues or 2% service fees (whichever is applicable) and remit same to Teamsters Local Union No. 155 while employed on this production.

Signature

_____

Upon completion, please email to:
Team155@teamsters155.org
Attn: Business Agent

RE: WORK PERMIT REQUESTS AND OBLIGATIONS

Company: _____

Address: _____

Names (Permits Requested): _____

Signature of Production Manager: _____

Dated this day of _____, 20_____

Teamsters Local Union No. 155 hereby grants a work permit(s) for the above individual(s) under Article _____of the Master Collective Agreement conditional upon the Company providing a copy of the attached permit application form to the Union.

The Company has an obligation under this permit to provide fringe payments in accordance with Article 8.01, 8.02, 8.03, S3.01, S3.02 or S3.03, whichever is applicable.

The Company has an obligation to deduct working dues or the applicable service fee from the permitted employee's gross wages in accordance with Article 9.06 and as per the Work Permit application. The remainder is paid to the employee as vacation and statutory holidays and pension fringe as applicable. The Health & Welfare portion is remitted directly to Pacific Blue Cross for the Teamsters Local 155 Benefits Plan. The Pension Fund portion will be paid directly to the employee on Gross Wages. **If the permitted employee is registered under an affiliate Teamsters Pension and Health & Welfare Plan, please have the permitted employee indicate such to the Teamsters Local Union No.155 with reference to prior arrangement or any reciprocal agreement.**

Please provide a copy of this letter to the permitted Employee.

Thank you for your cooperation in this matter.

Yours Truly,

Teamsters Local Union No. 155

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Secretary-Treasurer